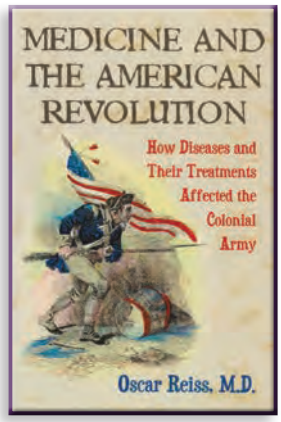
Medicine and the American Revolution

How Diseases and Their Treatments Affected the Colonial Army

Reiss O. *Medicine and the American Revolution: How Diseases and Their Treatments Affected the Colonial Army.* Jefferson, NC: McFarland & Company; 1998. ISBN 978-0-7864-2160-2. Paperback, 280 pages.

Review by COL (Ret) Warner "Rocky" D. Farr, MD, MPH

Any of us who have studied military medicine or even casually been exposed to it know that the percentage of DNBI (disease, nonbattle injury) exceeds KIA (killed in action) plus DOW (died of wounds). In the American Revolution it was an astounding 9:1 ratio. Death from illnesses vastly outnumbered death from war wounds. We tend to look at the American Civil War when we wish to see the first effects of military medicine making a difference in soldier survival numbers.



Some 80 years before the American Civil War, poor diet, bad sanitation, and the absence of even rudimentary medical care led to deaths in epidemic proportions during the American Revolutionary War. The tiny military medical corps dealt with epidemics of dysentery, scurvy, malaria, smallpox, typhus, scabies, respiratory illness, and various other diseases busy decimating the American ranks. Book chapters in this volume include ones on smallpox (in the invasion into Canada), syphilis in New York City, scabies at Valley Forge, and malaria in the "southern campaign." Malaria trumps out to be the severest malady with the most cases.

Syphilis was a seaport disease; yes, blame the Navy. A law from the Continental Congress mandated a $10.00 fine from officers and $4.00 fine from enlisted. The "profits" were used to source blankets and bedclothes for American military hospitals. The section on malaria dos an excellent job describing the history of malaria in the world and its disappearance from part of North America. We always think of malaria as a tropical disease when in the late 1700s it was well established even into New England. Although quinine had been discovered malaria was often lumped together with other febrile diseases and not separately treated. At least one British general died of an acute malarial attack, however most malarial fevers were clinically low-level chronic disease.

Smallpox has a detailed chapter including the steps of inoculation itself in a pre-vaccinia age where inoculation was with the actual smallpox virus, usually causing a milder case. Standard medical practice needed a pre-inoculation 2-week regimen of diet, rest, and cathartics. On a whole, the British army had much more resistance from exposure as children and from British army vaccination. Washington sometimes picked smallpox-resistant troops for missions into smallpox-virulent areas.

As a bonus in the book, completely against today's HIPAA health privacy standards, are appendices with copies of comprehensive medical histories for both George Washington (18 pages long) and of King George III (22 pages). They not only cover a comprehensive, for the times, medical history but also discuss both protagonists' states of heath at important points, such as Washington before several crucial battles. George III most probably had porphyria with assorted multisystem signs and symptoms, to include psychiatric, on and off his entire life.

This thin volume packs a large amount of medicine into a small space while being enjoyable. One walks away thinking of all the advances physicians will soon make between the Revolutionary War and the American Civil War.

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